File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Reset Form

Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, DISCLOSURE SI			PMPM 1.19.09
COMMITTEE NAME (Must b	e same as on Statement of Organiza	ation)	7	2009 JAN 20 PH 2:
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge (4) County Central Committee (of committee you are reporting for: Standing for Retention Candidate (2)St 5)County Candidate (6)City Candidate ty PAC (9)City PAC (10)School Boar	ate PAC (3)State Party (7)School Board or Other Politic	(Re	ORM OR-2 DISCLOSURE REPORT Office Use Only 17265
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Log	ged In Sinned Inputer SM
Office Sought		District (if Senate or House)		lited
Late reports are subject to possible of the subject to possible of person file.	ible civil and criminal penalties. Pursua LING REPORT	ant to lowa Code sections 68B.32 0/9-362-1222 TELEPHONE		
AMFILINGA Janu	ary 19,2009	REPORT FOR (1) ELECTION	N /(2)NON-E	LECTION YEAR.
	eport date)	Indicate by		
,	O REPORT DATED	·		ittees, enter Date of Election
	to file reports until a DR-3 is filed.)		which Election	cal Committees, enter County in on is held
CASH ON HAND at the begin	IENT OF CASH ON HAND ning of the reporting period. (Total count MUST be the same as the cast period or must be zero if this is first r	n on hand at the end	s	9888.80
	Y TAKEN IN THIS PERIOD		•	
Schedule A: Cash C	Contributions total (Attach Schedule	A) (*also see in-kind below)		7038.00
	Received total (Attach Schedule F).			
	sales of Campaign Property (Attach			
(Schedule	H applies to Candidates' Committ	<u>ees Only)</u> SUB-TOTAL	\$	16,926.80
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD			,
Schedule B: Expend Schedule F: Loan R	ditures total (Attach Schedule B) (**a	iso see debts and loans below	·)	5599.92 9909.54
CASH ON HAND at the end of	f this reporting period (if final report	12,00 SA balance must be zero) .SSCA.	ioins hold io <u>pen</u> \$	1417.34
**UNPAID BILLS (From Sche	dule D - Attach Schedule D)		\$	
	(From Schedule E - Attach Schedule			69.00
	rom Schedule F - Attach Schedule F			
CONSULTANT BREAKDOW		•		YESNO
CANDIDATE COMMITTEES	•			
	PERTY (From Schedule H - Attach	Schedule H)	\$	***** *** *** *** *** *** *** *** ***
STATE COMMITTEES: Subi	mit a reconciled campaign account b	ank statement in January of ea	ich year.	

(D)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Rev. 07/03) **RECEIPTS** (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Dervisor

SCHEDULE

MONETARY

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-15-08	CK# 2614	Elaine Voss 1924 sisley Grove Rd NW Palo IA 52324		\$ 20.00	
10-12-08	ск# 475 5	Mary K Quass or Jon D Quass 1368 Arrownead Ln My Vernon IA 52314		50.00	
10-15-08	ID# СК# / <i>С</i> О <i>С</i>	Hawkeye Labor Council 1211 Wiley Blud SW CR IA 52404		1,500.	
10-12-08	id# ck# 4018	Linn County Dem Central Com. PO BOX 574 CR IA 52406		700.00	
10-15-08	CK# 5141	CR Building Trade Council 5000 J St SW CR IA 52404		1,000	
10-15-08	_{СК#} 3394	Willard Ewart 2837 Alderman Rd Springuille IA 52336		50.00	
10-20-08	ID# CK# 7633	John C or Cynthia Bender 5630 Woodbridge Crest Marion IA 52302 Iron workers Local 89		25,00	
10-24-08	ок# Ск# 3/59	Ironworkers Local 89 5000 J St. SW CR IA SZYOY		500.00	
10-20-08	ск# 1/48	Tom F Neenan 1201 Central Aue Center Point IA 52213		50.00	
10-20-08	ID# CK# 8722	RTODD Sara Ann Todd 1821 Grande Aue SE CR IA 52403		50.00	
			SUB-TOTAL	·2946	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

Reset F	SCHEDULE	1
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Houser for Superulsor Comm	i —	ECK THIS BOX IF ENDING FORM

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-30-08	ок# 7456	Dennis Drahas 1477 Bertram st CRIA 52403		\$ 250.00	
10-22-08	iD# ck# 6238	David Earl Osterberg 318-2nd Aue N Mt Vernon IA 52314		50.00	
10-19-08	ск# ₁₇₈ 9	Romaine Foese POBOX 128 M+ Vernon IA 52314		50.00	
/o-20-08	2107	Thomas D King, Narry Sue King-3400 Indian Ro SE CR IA 52403		25,00	
10-31-08	ск# 5187	Charles & Grado Ruth Macke 2832 Hunt Trl CR JA 524/1		200.00	
10-31-08	ck# 5931	Jean E Oxley 190 cottage Grove Aue 220 CR IA 52403)	50,00	
11-25-08	CK# /3/5	Plumbers & Pipefitters local 125 1839-16th Ave 5W CRIA 52404		2,000.	
10-15-08	ck# cash	Sheet metal Union mting CR IA		138,00	
10-15-08	ck# cash	Randy Sconyers 1360 Westland Rd NW CR IA 52405		100,00	
12-18-08	CV#	Jim Houser Sos Rockvalley Dr SW CR IA SZ404	self	230.00	
			SUB-TOTAL	\$3093	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR	INSTRUCTIONS,	SEE BACK	OF FORM
	"4011/00110NO.	SEE DAUK	OF FURIN

ST 222			*******		
W. 39	a.c.	A Court		m	84
2000		WE SEE	88 S II	211	
	4.8823	e anno	*****	C	600

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
_	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

House	er for Su	upervisor Commit	tee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	CHECK NUMBER			
	ID#	Linn County treasure 930 -15+ St Sw	Voter information	
10-15-08	ск# 248	CR IA 52404		\$ 13.∞
	ID#	Compass Advertising 417-15+ Aue SE	TV advertising	
10-15-08	ск# 249	CR IA 52401		700.00
	ID#	Mailing Services 200 - 90th Ave Pr	mailing	
10-24-08	CK# 250	CR IA 52404	mailing postoards	1797,32
1	ID#	M.A. Cook Design 222 27th StNC	Artwork	
10-29-08	1251	CR FA 52402	design	371.00
	ID#	AdCraft Printing	orinted	
10-29-08	CK# 1252	309 - 5th AVESE S CR TA SZYOG	printed postcards	2,418.92
	ID#	Linn News Ltr	news paper	
11-3-08		38 4th St N Central City 52214	advertisins	174,80
	ID#	NAACP AD	Ad in flyer	
11-18-08	CK#1254	POBOX 1361 Cedar Rapids 5240(50,00
	ID#	Road Ranger	gas card for yard sign volenteer	_
12-6-08	CK# ₁₂₅₄	CRIA	yard sign voleriter	50,00
			SUB-TOTAL	\$ 5575.04

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1	٥f	2
Page .		O,	

TOTAL (if last page of this schedule)

eset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)			
House	er for s	Supervisor Comm	nittee		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURP (DESCRIBE TR		AMOUNT EXPENDED
12-22-00	CK#1257	James Houser, 505 Rockwalley Rd CR IA 52404	postas	e	\$ 10.08
10-2308	ID# CK#	CR IA 52404 Metco Credit Union 1158th AUE 5W CR IA 52404) Check	گ	14.80
	ID# CK#				
				SUB-TOTAL	\$ 24.88
			TOTAL (if last page	of this schedule)	\$5599 92

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(I).)

	0		2
Page		of.	

	ENAME (Must be same as on Statement of Organiza		nittee	CHECK 1	IN-KIND CONTRIBUTIONS THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
11-2-08	Ben & Wilma Miller 6702 Underwood Ave Su CR IA SZYOY		food 50 invites	\$ 50.00 4.00	
11-2-08	Arleene Zahn Houser 505 Rockwalley Dr CR IA 52404	wife	f 00d	15,00	
 , , , , , -					
, M			SUB-TOTAL TOTAL (if last page of this	69.00	

FOR INSTRUCTIONS, SEE BACK OF FORM

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)

schedule)

SCHEDULE

R INSTRUCTIONS, MMITTEE NAME(M	lust be same as on Statement of Organization)	RESET	SCHEDULE LOAN
	for Supervisor Comm	ittec	(Rev. 02/08) RECEI
TE: This schedule n	eports money loaned to the committee which is deposited in the STROM LAST REPORTING PERIOD \$	e committee account.	CHECK THIS BO
RT I - MONETARY (Original sour	LOANS RECEIVED THIS REPORTING PERIOD ree of loan, such as a bank, must be shown if a third party is in	volved. Include loans from ca	ndidate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applica	
			\$
	Y LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD ven must be reported on Schedule E — In-kind Contributions.)	TOTAL <i>(PART I)</i>	\$
(Loans forging	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	TOTAL (PART I) RELATIONSHIP TO CANDIDATE* (If Applic	AMOUNT REPAID
(Loans forging DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) James Houser SOS Rock Jailey Ro	RELATIONSHIP TO CANDIDATE* (If Applic	AMOUNT REPAID state \$
(Loans forging	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	AMOUNT REPAID
(Loans forging DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) James Houser SOS Rock Jailey Ro	RELATIONSHIP TO CANDIDATE* (If Applic	AMOUNT REPAID state \$
(Loans forging DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) James Houser SOS Rock Jailey Ro	RELATIONSHIP TO CANDIDATE* (If Applic	AMOUNT REPAID state \$
(Loans forging DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) James Houser SOS Rock Jailey Ro	RELATIONSHIP TO CANDIDATE* (If Applic	AMOUNT REPAID state \$
(Loans forging DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) James Houser SOS ROCKUAILEY RO CR IA S2404	RELATIONSHIP TO CANDIDATE* (If Applic	AMOUNT REPAID \$ 9909.54
(Loans forging DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) James Houser SOS ROCKUAILEY RO CR IA S2404	RELATIONSHIP TO CANDIDATE* (If Application of the control of the c	AMOUNT REPAID state \$
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) James Houser SOS Rockvalley Ro CR IA S2404 TOTAL CASH	RELATIONSHIP TO CANDIDATE* (If Application of Report Period	AMOUNT REPAID \$ 9909.54